

# CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

CLAIMS	AS FILED 1/23/06		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7	X					
8	X					
9		/				
10	X					
11	X					
12	X					
13	X					
14		/				
15		/				
16		/				
17		/				
18		/				
19	/					
20	X					
21	X					
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49						
50						
Total Indep	4					
Total Depend.	15					
Total Claims	19					

May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depe
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Total Indep						
Total Depend						
Total Claims						